

**CALIFORNIA BOARD OF ACCOUNTANCY**

2000 EVERGREEN STREET, SUITE 250
 SACRAMENTO, CA 95815-3832
 TELEPHONE: (916) 263-3680
 FACSIMILE: (916) 263-3675
 WEB ADDRESS: <http://www.dca.ca.gov/cba>

**CPA/PA AND LICENSE APPLICANT NAME CHANGE FORM**
☐

CPA/PA

☐

License Applicant

Please type or print legibly the following information and sign below.

New Name _____

Former Name _____

CPA/PA License No. _____ Daytime Telephone No. _____

License Applicant's Unique Identifier No. (if applicable) _____

My name change is a result of:
☐

Court Order

☐

Marriage

☐

Dissolution of Marriage

☐

Naturalization

☐

Other (specify) _____

You MUST submit one of the following documents with this request:

- A certified document made by the State Registrar, by a local registrar, or by a county recorder; or
- A Sworn Statement [Form No. 11L-7b (Rev. 5/05)] notarized by a Notary Public.

I hereby certify, under penalty of perjury, under the laws of the state of California that all statements, answers, and representations on this form are true, complete and accurate.

Licensee/License Applicant Signature_____
Date

A new Pocket ID will be mailed at no charge to your address of record with the California Board of Accountancy in six to eight weeks. If you wish to purchase a new wall certificate, please complete the "Wall Certificate/Pocket ID Replacement Request Form," included in this packet.

For Office Use Only

Date Name Change Processed: _____

Processed By: _____

Date Pocket ID Ordered: _____



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CPA/PA AND LICENSE APPLICANT NAME CHANGE FORM INSTRUCTIONS

1. The Name Change Form may be used by:
 - CPA/PA licensees.
 - License applicants.
2. Use this form if you need change your name as a result of the following:
 - Court Order.
 - Dissolution of Marriage.
 - Marriage.
 - Naturalization.
 - Other (explain).

You MUST submit one of the following documents with this request:

- **A certified document made by the State Registrar, by a local registrar, or by a county recorder; or**
- **A Sworn Statement [Form No. 11L-7b (Rev. 5/05)] notarized by a Notary Public.**

3. CPA/PA licensees: A new Pocket ID will be mailed at no charge to your address of record with the California Board of Accountancy in six to eight weeks. If you wish to request a new name on your Wall Certificate, you must include a "Wall Certificate/Pocket ID Replacement Request Form," included in this packet.
4. The signature of the licensee/license applicant is required on the "CPA/PA and License Applicant Name Change Form."
5. Mail this form to:
California Board of Accountancy
2000 Evergreen Street, Suite 250
Sacramento, CA 95815-3832

PERSONAL INFORMATION COLLECTION AND ACCESS

The information provided in this form will be used by the California Board of Accountancy, to determine qualifications for a Certified Public Accountant/Public Accountant License Renewal. Sections 5009, 5026 through 5029, 5060, 5070 through 5079, and 5150 through 5158 of the Business and Professions Code authorize the collection of this information. Failure to provide any of the required information is grounds for rejection of the form as being incomplete. Information provided may be transferred to the Department of Justice, a district attorney, a city attorney, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code Section 1798.24. Each individual has the right to review his or her file, except as otherwise provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. The Executive Officer of the California Board of Accountancy is responsible for maintaining the information in this form and may be contacted at 2000 Evergreen Street, Suite 250, Sacramento, CA 95815, telephone number (916) 263-3680, regarding questions about this notice or access to records.



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SWORN STATEMENT

I _____, declare under penalty of perjury under the laws of the state of
 (Printed Name)
 California, that all statements, answers and representations on the accompanying “CPA/PA AND LICENSE
 APPLICANT NAME CHANGE FORM” are true, complete and accurate.

(Complete the remaining portion in the presence of a Notary Public.)

Subscribed to this _____ day of _____, 20_____, at _____,
 (Day) (Month) (City) (State)

 (Signature)

Note: You must have your Sworn Statement notarized using the Certificate of Acknowledgment below. The Certificate of Acknowledgment must be completed by a Notary Public.

CERTIFICATE OF ACKNOWLEDGMENT

State of California }
 County of _____ } ss.

On _____, before me personally appeared _____,
☐ personally known to me, or ☐ proved to me on the basis of satisfactory evidence, to be the person
 whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her
 authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which
 the person acted, executed the instrument.

WITNESS my hand and official seal.

 NOTARY PUBLIC SIGNATURE

(SEAL)

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**WALL CERTIFICATE/POCKET ID REPLACEMENT REQUEST FORM**

Please type or print legibly the following information and sign below:

Name _____

CPA/PA License No. _____ Daytime Telephone No. _____

Firm Name _____

Firm License No. _____ Daytime Telephone No. _____

If your license is in a delinquent or cancelled status, a replacement Wall Certificate/Pocket ID cannot be issued.

Check the appropriate box and submit the correct fee with this form.

☐ Wall Certificate - \$10.00

☐ Pocket ID - \$2.00

Reason for Replacement:

☐ Destroyed (Fire, Flood, etc.)

☐ Name Change

☐ Other

☐ Lost

☐ Stolen

Explain in detail the circumstances and the reason for the replacement: _____

If you are requesting a new name on your CPA/PA Wall Certificate or Pocket ID, you must include a Name Change Form with required documentation, unless you have already changed the name with the Board. Firms must use a Partnership or Corporation Name Change Form. Fictitious Name Changes must be submitted on a Fictitious Name Application.

☐ I submitted a Name Change Form on this date: _____

The California Board of Accountancy will mail a new Wall Certificate to your address of record in approximately 120 days and a new Pocket ID in four to six weeks.

I hereby certify under penalty of perjury under the laws of the state of California that all statements, answers, and representations on this form are true, complete, and accurate.

 Licensee Signature

 Date

For Office Use Only

Date Processed: _____

Processed By: _____

Date Wall Certificate Ordered: _____

Date Pocket ID Ordered: _____



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WALL CERTIFICATE/POCKET ID REPLACEMENT REQUEST FORM INSTRUCTIONS

1. The Wall Certificate/Pocket ID Replacement Request Form may be used by:
 - CPA licensees.
 - Accountancy firms.
2. Use this form if you need to replace your Wall Certificate or your Pocket ID. Indicate the reason for the replacement by checking the appropriate box on the form. **If your license is in a delinquent or cancelled status, a replacement Pocket ID cannot be issued.**
3. If you are requesting a new name on your Wall Certificate or Pocket ID, you must include a Name Change Form with required documentation, unless you have already changed your name with the Board.
4. Do **NOT** use this form to change a firm name or a fictitious name. Partnership and Corporation Name Change applications are available at www.dca.ca.gov/cba/forms. Fictitious Name Changes must be submitted on a Fictitious Name Application, which is available at the above location on the Board's Web site.
5. The signature of the licensee is required on the Wall Certificate/Pocket ID Replacement Request Form.
6. Mail this form with the appropriate fee to:
California Board of Accountancy
2000 Evergreen Street, Suite 250
Sacramento, CA 95815-3832
7. The Board will mail a new Wall Certificate to your address of record in approximately 120 days and a new Pocket ID in four to six weeks.

PERSONAL INFORMATION COLLECTION AND ACCESS

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